

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-575)

SERIAL NO.

101564 036

FILING DATE

01-10-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		1		
5		0		1		
6		1		1		
7		0		1		
8	1		1			
9		1		1		
10		2		1		
11		0		1		
12		0		1		
13		0		1		
14		0		1		
15		0		1		
16		0		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
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27		1		1		
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29		0		1		
30		1		1		
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38		1		1		
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49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	39	←	36	←		←
TOTAL CLASSES	41		38			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY